V11000004295

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2011 APR 27 PH 1: 25
SECKLIVARY OF STATE
TAILAHASSEE, FLORIDA

1) 11 10000 20918 4-13-11

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Helping Hands Tutorial Services

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Certificate of & Certified Copy Certified Copy Status & Certified Copy & Certificate	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
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ADDITIONAL COPY REQUIRED

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

FROM: Corey R. Redden

Name (Printed or typed)

6654 Crystal River Road East

Address

Jacksonville, FL 32219

City, State & Zip

(904) 383 - 5061

8132 Peal 2016 Telephone number

coreyredden75@yahoo.com E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2011 APR 27 PM 1:23



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2011

COREY R.REDDEN 6654 CRYSTAL RIVER ROAD EAST JACKSONVILLE, FL 32219

SUBJECT: HELPING HANDS TUTORIAL SERVICES

Ref. Number: W11000020918

We have received your document for HELPING HANDS TUTORIAL SERVICES and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Letter Number: 511A00009047

Sharon Collins Regulatory Specialist II

www.sunbiz.org

Division of Commercial D.O. DOV 0207 Well-based Florida 2021

ARTICLES OF INCORPORATION In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE II	PRINCIPAL OFFICE	•		
	Principal street address		Mailing address, if different is:	
	8132 Pearl Street		,	
	Jacksonville, FL 32209			
ARTICLE III	PURPOSE			
The purpose for v	which the corporation is organized is:			
The general nature of the business To examine, analyze, and degrey To may adjust manipulsal or in orminufacture, purchase or of description accept that it is not to or asposition. To contract debts and requires. To produce corporate assets of To guarantee, endorse, purchase.	to be transected by this corporation is to provide professional futional services. This professional corpora- cios d'e appropriate level of assessments and blanché services of any ordendual in any of the blackweigh is assess any movificate by used of vertices bubble melhods by use of creat naturacion, one-non-insultant names acquire, and to mit, own mortgage piouge sells assign, transfer menage, or otherwise dispos- names acquire, and to mit, own mortgage piouge sells assign, transfer menage, or otherwise dispos- motives the professional control of the professional control of the professional common and professional control of the profess	correctory company, a building and loan association, mutu- ness and execute such mortgages, transfers or corporate or any bonds, sacurities, or other evidences or indebtedn	al fire secondation cooperative association frilams benefit society state fair property, or other instruments to secure the payment of corporate indebtedne	92 92 Ox
ARTICLE IV	th stock to assertine all the rights, owners and privileges or ownership, including the right to vote such se MANNER OF ELECTION The manner is	nck		
is provided in	n the bylaws of the corporation.			
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTS	ORS		
	itle: Corev R. Redden, Founder/CEO	Name and Title:		
Address:	6654 Crystal River Road East	Address: ·		
	Jacksonville, FL 32219			
Name and T	Title:	Name and Title:		
Address:		Address:		
			<u> </u>	
Name and T	itle:	Name and Title:	上京 三	
Address:			D 70 ≥	1
		_	#AS	24 × 10 ⁻¹
			<u> </u>	3
ARTICLE VI	REGISTERED AGENT		(T)	Ę"i
	orida street address (P.O. Box NOT acceptable) o	of the registered agent is:	m _U ⊐≪	1
Name:	Corey R. Redden	_	<u> </u>	-
Address:	8132 Pearl Street	_		
	Jacksonville, FL 32209	_	> °	
ARTICLE VII	INCORPORATOR			
The <u>name and ad</u>	dress of the Incorporator is:			
Name:	Corey R. Redden	_		
Address:	6654 Crystal River Road East Jacksonville, FL 32219	_	•	
	Jacksonvine, PL 32219			
Having been nan certificate, I am fo	ned as registered agent to accept service of procumiliar with and accept the appointment as registe	ess for the above stated co red agent and agree to act i	rporation at the place designated in n this capacity	this
4		6	4/07/2011	
······································	Required Signature of Registered Agent		Date	

Required Signature of Incorporator

4/07/2011

Date